

02-28-20

A/RE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

jc868 U.S. PTO
02/27/02

10/086221
02/27/02

☒ *Utility Patent*☐ *Design Patent*☐ *Plant Patent*

BILL LUTHER

ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status. See 37 CFR 1.27.

3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)

4. ☒ Drawing(s) (proposed amendments, if appropriate)

5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)

6. ☒ Power of Attorney

7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)

8. ☐ CD-ROM or CD-R in duplicate, Computer Program
(Appendix) or large table

9. Nucleotide and/or Amino Sequence Submission
(if applicable, all of the following are necessary)

a. ☐ Computer Readable Form (CFR)

b. Specification Sequence Listing on:

i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

10. ☒ Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).

11. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)

12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)

13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations

14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)

15. ☒ Preliminary Amendment


16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

17. ☐ Other: _____

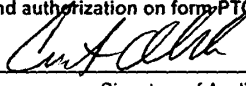
28286

or ☐ Correspondence address below

(Insert Customer No. on Attached invoice label here)

NAME (Print/Type)	Curtis J. Olilla	Registration No. (Attorney/Agent)	47,833
Signature		Date 2/27/03	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

REISSUE APPLICATION FEE TRANSMITTAL FORM								Docket Number (Optional) 20501.213RIS	
Claims as Filed - Part 1									
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
				Rate	Fee	Rate	Fee		
(A) 14	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 42	**** 22	=	X\$ _____	or	X\$18=	396	
(C) 2		(D) 6	* 3	=	=		X\$84=	252	
Basic Fee (37 CFR 1.16(h))						\$ _____		\$ 740	
Total Filing Fee						\$ _____	OR	\$ 1388	
Claims as Amended - Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
					Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	X\$ _____	or	X\$ _____		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____		X\$ _____		
Total Additional Fee						\$ _____	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancelation of claims **** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 27 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>03-1725</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>2/27/02</u></p> <p>Date</p> </div> <div style="text-align: center;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p>Curtis J. Ollila, Registration No. 47,833</p> <p>Typed or printed name</p> </div>									